

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/256,346

FILING DATE

2/24/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8		5		5		
9		2		2		
10	1		1			
11	1		1			
12		2		2		
13		1		1		
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50						
TOTAL IND.	3		7			
TOTAL DEP.	19		19			
TOTAL CLAIMS	22		26			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
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DONE 12-4 S.H.

Best Available Copy